

Entered - 04/09/01- sb  
CL 01L0222 - GWENDOLYN BURNS

CLAIM OF: SHARON R. DAVIDSON  
2990 Byron's Green Court  
Marietta, Georgia 30062

01- R-1040

For vehicular damages alleged to have been sustained due to a metal plate that was not properly covering a construction cut on March 29, 2001 at 1280 W. Paces Ferry Road - Bank of America.

**THIS ADVERSED REPORT IS  
APPROVED**

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0222

Date: June 26, 2000

Claimant /Victim SHARON R. DAVIDSON  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 2990 Byron's Green Court, Marietta, Georgia 30062  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,265.70 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 4/9/01 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 3/29/01 Place: 1280 West Paces Ferry Road  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove over a metal plate that was partially covering a construction cut in the roadway. An investigation determined that an outside contractor performed work at the incident location. The claimant has been notified and her claim has been forwarded to the contractor for immediate resolution.

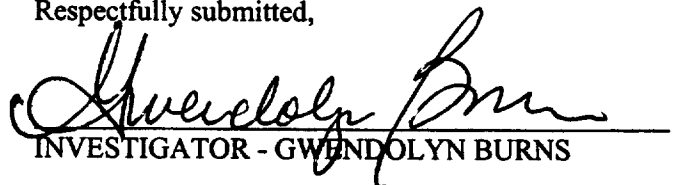
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

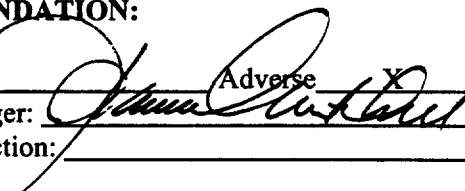
BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 06-28-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

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**BURNS**  
04/09/01  
Pa

**COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK**

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 04/02/01

ENTERED - 4-9-01 - SB  
01L0222 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$1265.70 (for attached) property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 03/29/01 2. Time of Incident: Approx 5:00 PM 3. Police called: X  
(month/day/year) 1280 W. Peachtree Rd - Bank Tower Yes No
4. Location of incident (including street address): 1500 Peachtree Rd - Bank Tower
5. Name of your insurance company: Allstate Policy No. 61556119208/25
6. State what and how incident occurred: While driving on 1500 Peachtree Rd I incurred fire blow-outs and alignment damage when crossing over 2 metal plates intended to cover a hole or road surface damage. This also happened to the witness (named below) who was only a few vehicles in front of me.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: Bmw 5 series '98 438 XNT Sharon Davidson  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Alex Smith 770) 431-9159  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT.

Sharon R. Davidson  
Signature of Claimant

Sharon R. Davidson  
(Print Claimant's Name)  
2990 Byron's Green Court  
(Address)  
Marietta, GA 30062  
(City, State and Zip Code)  
404) 350-1700 x22 678) 461-8520  
(Work Number) (Home Number)

01-R-1040